

I, _____, hereby certify that I am a licensed physician, nurse practitioner, or physician assistant in good standing and I have examined and/or I am familiar with the above-named Employee's medical history and condition. In my professional judgment and opinion, the Employee should be exempted and granted a waiver from the Employee COVID-19 Vaccine Requirement due to a contraindication(s) that would result in harm if the Employee were administered a COVID-19 vaccine series.

Health Care Provider's Signature

Date

-OFFICIAL USE ONLY-

SECTION 4: WAIVER REQUEST REVIEW (To be completed by OFFICE OF HUMAN RESOURCES)		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Insufficient Information	Date(s) Initial Review: _____ Review Committee: _____	Human Resources Official Name: _____ Title: _____

HEALTH AND SAFETY CONDITIONS OF APPROVAL
<p>As a condition of approval, Employee must abide by the following COVID-19 health and safety measures:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Section 12.15 Religious Belief Waiver Request



**EMPLOYEE COVID-19 VACCINE REQUIREMENT
RELIGIOUS BELIEF WAIVER REQUEST AND CERTIFICATION**

CONFIDENTIAL

Board of Regents of the Nevada System of Higher Education

Instructions for completing this Waiver Request.

- 5. **Section 1:** To be completed by Employee: Employee and Institution Information.
- 6. **Section 2:** To be completed by Employee: Employee Certification.
- 7. **Section 3:** To be completed by Employee: Statement of Religious Belief.
- 8. **Section 4:** To be completed by Office of Human Resources (*Official Use Only*).

SECTION 1: EMPLOYEE AND INSTITUTION INFORMATION (To be completed by EMPLOYEE)		
Employee Name:	Address:	Telephone Number(s): Office/Work: () _____ Home/Cell: () _____
NSHE Institution:	Office/Work Location:	Office/Work Email Address:

SECTION 2: EMPLOYEE CERTIFICATION (To be completed by EMPLOYEE)

Employee acknowledges, consents, and agrees to the following:

- 1. I understand the serious risk of harm, including illness, permanent disability, and death, a COVID-19 vaccine prevents to myself and others in the workplace and community with whom I may come into contact.
- 2. I have had the opportunity to discuss the risks and benefits of receiving a COVID-19 vaccine with a qualified health care professional.
- 3. If this Waiver Request is granted, Employee may be required to comply with alternative policies and protocols as determined by NSHE and its officials to maintain the health and safety of Employee and all other individuals from COVID-19. Alternative policies and protocols may include, but not be limited to, indoor and outdoor face covering requirements, weekly and/or periodic COVID-19 testing, exclusion from the workplace upon the recommendation of health care professionals due to an outbreak or cluster of the COVID-19 virus. Alternative COVID-19 health and safety policies and protocols for Employee as a condition of granting this Waiver Request may be revised by NSHE and its officials from time to time and as necessary to respond to changing COVID-19 data and recommendations by local, state, and federal government entities.
- 4. NSHE and its officials may require the information in this Waiver Request to be periodically updated.
- 5. Failure to provide all required information in this Waiver Request may result in it being denied.

I, _____, hereby certify and request that I be exempt from the Employee COVID-19 Vaccine Requirement because receiving a COVID-19 vaccine series will violate my sincerely held religious belief(s). I further certify and affirm that the information contained in this Waiver Request is being submitted in good faith and is true and correct to the best of my belief and knowledge.

Employee's Signature

Date

SECTION 3: STATEMENT OF RELIGIOUS BELIEF (To be completed by EMPLOYEE)

Employee may attach additional pages to the Waiver Request.

-OFFICIAL USE ONLY-

SECTION 4: WAIVER REQUEST REVIEW (To be completed by OFFICE OF HUMAN RESOURCES)

Approved

Denied

Insufficient Information

Date(s)

Initial Review: _____

Review Committee: _____

Human Resources Official

Name: _____

Title: _____

HEALTH AND SAFETY CONDITIONS OF APPROVAL

As a condition of approval, Employee must abide by the following COVID-19 health and safety measures:
